

CFAC Data Report

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INTRODUCTION

In February, 2007 the North Carolina State Consumer and Family Advisory Committee (SCFAC), according to its statutory mandate to, “Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services,” and to “Provide technical assistance to local CFACs in implementing their duties,” requested local CFACs to share their concerns and recommendations about these services and to let SCFAC know if they had any special requests for SCFAC services.

CFACs can bring their concerns to SCFAC at any time. However, SCFAC believed that providing a report format might bring forward a unified perception of CFAC issues that it could use to provide some direction for its advisory efforts to improve mental health, developmental disabilities, and substance abuse services at the state and local level. Twenty-five of 29 CFACs responded to the request using the suggested format.

The concerns in the reports submitted by the 25 CFACs have been reviewed, as the statute requires for both SCFAC and CFAC, to discern gaps in services and underserved populations. The categories of “Housing,” “Education/Training,” “Reform/Transformation,” and “Transportation emerged as helpful in organizing this information.

While the information in this report suggests consensus in many areas, some concerns are chiefly local issues and are not representative of every area of the state. In addition, the *Organizational Update* summary gives a general view of how well the CFACs are working with their LMEs (local management entities) to address local issues. References to specific CFACs are generally omitted but requests for SCFAC assistance have been noted and requesting CFACs will receive a direct response from SCFAC.

SCFAC calls particular attention to the *Recommendations to Address Concerns*. This section demonstrates the commitment of CFACs to the state-wide improvement of Mental Health, Developmental Disabilities and Substance Abuse services. The recommendations range from the obvious to the “out of the box” and deserve the full attention of all who read this report. These contributions of consumers challenged by mental health, developmental disabilities or substance abuse issues should be recognized as critically important to the improvement of these services in North Carolina.

GAPS IN SERVICES*

(As reflected in CFAC Concerns)

*Note: In the following section, each bullet either represents at least two CFAC concerns or presents a theme for several listed CFAC concerns.

Mental Health (MH)

Housing

- Lack of low-income housing
 - independent living opportunities
 - information related to finding it
 - insufficient housing for persons released from institutions into their communities

Education/Training

- Lack of public awareness of mental health services—consumers do not know who to call, where to go
- Options are not made clear to consumers—consumers do not know they have options in services
- Gaps in local agency and school personnel training to work with all mental health consumers
 - emergency room staff show lack of compassion
 - Law enforcement needs more information on available Mental Health (MH) services
 - Family practitioners and pediatricians lack mental health background
 - Wellness Recovery Action Plan (WRAP) not taught in community enough
 - Health departments need translated materials for Hispanic Mental Health consumers

Reform/Transformation

- One-third of responses cited shortage of Crisis Services for children and adults
- One fourth of responses cited limited availability of psychiatric care
- Poor quality of care
 - lack of integrity of medication use, i.e. dope up/dumb down; overmedicate/under-therapy.
 - private providers not providing Community Support Services as required by individual's Person Centered Plan (PCP) due to staff turnover
 - limited availability of qualified licensed counselors
 - lack of coordination of services

- no true case management
- confidentiality of consumer not protected
- high percentage of adult state hospital admissions/transfers

- Rural consumer poorly served
 - providers are unwilling to go the distance needed to work with consumers in rural areas
 - consumers not getting services based on needs, rather, based on what is available
- Concern for frequency of incarceration of mentally ill suggests need for law enforcement training in area and better alternatives
- Issues of the working poor
 - limited providers for the uninsured
 - discriminatory practices in medical insurance coverage
 - state funding to non-Medicaid and bubble people is inadequate
- Shrinking resources due to reduction in Community Support Reimbursement Rate

Transportation

- Lack of transportation to get meds or care

Developmental Disability (DD)

Housing

- Need for more supervised adult living programs
 - need support to live independently

Education/Training

- Lack of family and consumer education
 - how to handle crisis
 - how to live in real world
 - how to support DD consumer
 - how to use assistive equipment and technologies
- Lack of community education regarding needs of DD consumers

Reform/Transformation

- Lack of services in general
 - provider availability
 - respite services
 - direct care

- social opportunities
- psychiatrists
- developmental therapy
- Gaps in quality of care
 - improper program placement
 - reliability of workers
 - high staff turnover
 - weak case management
 - poorly trained staff
 - families asked to use lower level of care than required by statute
 - how effective is follow-through on low birth-weight and premature babies?
- Lack of employment opportunities in the real world
- Limited services for aging DD population
- Poor service to CAP(Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities) consumers
 - lack of crisis plans
 - need for oversight
 - long wait for services
 - un-utilized slots—why?
- Sheltered Workshop closing leaves service gap
- DD special populations overlooked
 - gap for hearing impaired
 - children on autism spectrum unfunded or partially funded
 - multi-handicapped children a concern

Transportation

- Lack of transportation at all levels of disability

Substance Abuse (SA)

Housing

- More help needed for consumers to learn about housing opportunities
 - in communities
 - transitional housing
- -shrinking number of support options for persons new in recovery

Education/Training

- Lack of quality family, community and statewide education regarding prevention and substance abuse services available—and where to find them

Reform/Transformation

- Overall lack of services such as--
 - supervised day programs by professional staff
 - Drop-in centers
 - De-tox centers
 - IPRS dollars for children and adults
 - Child treatment options
 - Person-centered de-tox options
 - Half-way houses—especially for women
 - more providers
 - outpatient and inpatient Substance Abuse therapists for adolescents
- Lack of 24-hour crisis services
- Lack of diversity in service options
 - need more non-medical de-tox facilities, particularly in rural areas
 - need diversity in person-centered detoxification methods
 - need to reduce inappropriate placement in hospitals or treatment centers
 - need for understanding that chemical ablation and counseling may both be needed

Transportation

- Limited transportation

RECOMMENDATIONS TO ADDRESS CONCERNS

(As recommended by CFACs)

Mental Health (MH)

Housing

- Provide more subsidies to qualified tenants, along with
 - community support personnel to assist in housing facilities
 - tax credits to developers

Education/Training

- Increase opportunities to inform consumers and public about available mental health services

- LME and CFAC hold training/health fairs in local communities
- use media to engage with community via forums and identify CFAC as example of productive consumers
- massive publicity effort from state level down to help public know services and contact information is available
- have central number which rolls over to LME and First Responder contact
- provide simpler way for consumers to understand services and how each service fits in system
- more information regarding services, and Spanish translations, made available at health departments
- community education on crisis intervention
- Increase consumer empowerment training
 - National Alliance for the Mentally Ill (NAMI) for consumers and families
 - how to choose a provider
 - consumer rights (copy to sign off on)
 - Recovery Model
- Local community agency training concerning mental health population and services
 - First Responders
 - Agency employees
 - Law enforcement
- Crisis plan training for all LME, provider, and service agency staff

Reform/Transformation

- Implement Report Card for providers
- Establish more consumer Drop-in Centers
 - Oasis
 - Peer groups
- Address lack of counselors and psychiatrists by--
 - offering free education and public universities for counselors and psychiatrists in exchange for commitment to equal years of practice in underserved areas with underserved populations
 - hiring more psychiatrists
 - considering more ways to finance psychiatrists
- Improve quality of family involvement by--
 - more consumer and family involvement not just at local level but at state level
 - educate local families, providers, schools, Department of Social Services, public health, etc. on system of care and child family teams
 - develop statutory language recognizing the value and significance of family in

recovery process

- Increase number of local crisis plans and improve functioning

Transportation

- Be proactive in solving transportation issues by
 - exploring how other states have addressed transportation
 - working with state and federal Department Of Transportation to develop economical transportation systems across all communities
 - searching for transportation grants and information from others who have established services
 - informing public on availability of local transportation options like discounted bus passes, free day ride and ADA transportation.

Developmental Disabilities (DD)

Housing

- Improve housing placement by--
 - providing nursing home placement for aging Developmentally Disabled population
 - strengthening monitoring of group homes
 - improving connections between available housing and LMEs and CFACs.
 - full implementation of funding follows person
 - grant-seeking at state and LME levels for the development of housing options
 - avoid returning children to unhealthy home situations after institutional placement

Education/Training

- Fully address employment needs by--
 - exploring supported employment and micro enterprise opportunities
 - promoting opportunities for employment
 - educating consumers and families on how to transition from school to work and what vocational services are available
 - identifying opportunities for employment that are customized for Developmentally Disabled consumer
 - educating consumers and families about Vocational Rehabilitation (VR), Developmental Disability Council, college
 - increasing funding for all employment opportunities
 - encouraging relationship between Vocational Rehabilitation (VR) and Psycho Social Rehabilitation's (PSRs)
- Provide more education opportunities for families and Developmentally Disabled consumers on--
 - person-centered plans, including crisis piece related to equipment failures

- Developmentally Disabled consumer needs
- how to transition from school to work
- Improve communication channels
 - between schools and families
 - regarding services
- Improve community interaction with Developmentally Disabled consumers by--
 - doing diversity/sensitivity training with providers, staff, law enforcement and emergency personnel
 - educating public on effect of aging process on Developmentally Disabled population
 - partnering with ARC for hands-on training
 - hiring and training professional crisis and Screening, Triage and Referral (STR) staff who are qualified in Developmentally Disabled

Reform/Transformation

- Improve service quality by--
 - proper program placement and therapy
 - increased oversight of CAP-MR
 - implementing provider report cards
 - increased monitoring of Developmentally Disabled care homes
- Strengthen Person Centered Plan (PCP) by--
 - providing more choice of providers and services
 - Person Centered Plan (PCP) training for all staff, providers, families and consumers
 - increasing developmental training time
- Make shortening CAP-MR wait a priority
- Look at aging populations needs now
- Develop after-school programming
- Improve communication with Developmentally Disabled families and consumers through--
 - contact with consumers before changes made
 - updating all parents and professionals on staff regarding Update #2
 - developing web site and media resources that are very simple and lead consumers to services required

Transportation

- Look at options in other states

Substance Abuse (SA)

Housing

- Make more state funding for housing a priority
 - explore grants funding sources for halfway houses
 - investigate ways to encourage development of more Oxford House residences

Education/Training

- More programs designed for prevention
 - for the public and for school age children
 - with outreach to prevent youth from drinking
- More programs to educate therapists/case managers and consumers on Substance Abuse (SA) legal issues
 - on law and regulations regarding Substance Abuse
 - include jail diversion classes and outreach training
- Increase educational opportunities for local CFACs and community regarding
 - potential employment and housing opportunities and Vocational Rehabilitation
 - how to do outreach training
 - substance abuse services
- Improve opportunities for support programs
 - more adolescent Substance Abuse counselors
 - OASIS

Reform/Transformation

- More services, more services, more services
- More funding
 - for incentives for providers
 - for better reimbursement for Substance Abuse) services
 - to fund step-down programs
 - to assure commitment to addressing Substance Abuse services
 - to demonstrate commitment to addressing need for Substance Abuse services
 - for halfway houses
 - for de-tox services
 - for mentoring
 - prevention, treatment and recovery programs
 - structured after school programs
 - county treatment centers
- Address quality of service issues
 - Division needs to recognize best practices in this area and mandate them
 - Implement Quality Assurance (QA) system for substance abuse providers to en-

sure provider performance

- Think outside the box
 - Offer consumers person-centered options like psycho-therapy and/or psychological treatment combined with medications to prevent relapse
 - Address gang problems and interact with Substance Abuse coalitions and Gang Task Force
 - Develop local network to serve citizens better to prevent unnecessary hospitalizations
 - Consider having consumers who cannot pay for treatment/and or medication do community service in exchange—at least temporarily

Transportation

- Look for models from other states

UNDERSERVED POPULATIONS

(As suggested in CFAC Concerns)

The reality described by the concerns in the 2007 CFAC to SCFAC reports suggests that the present North Carolina system of Mental Health, Developmental Disability and Substance Abuse services is severely limited in serving the entire MH/DD/SA population. However, the CFAC concerns have also brought attention to the following specific populations as being underserved:

- The Working Poor (medically uninsured or underinsured)
- The Rural Consumer
- Aging Developmentally Disabled consumers
- Consumer families, especially Developmentally Disabled consumer families
- Substance Abuse population generally

The Working Poor experience discriminatory practices in medical insurance coverage and find limited providers. Those ineligible for Medicaid encounter inadequate state funding.

Rural Consumers are faced with limited access to providers. There are few available and some available providers will not travel distances to serve consumers.

Aging Developmental Disability consumers are facing housing difficulties, whether it be finding appropriate institutional placement or living at home with aging parents. Services are limited.

Families of all MH/DD//SA consumers need more quality training in their consumer's needs and in the services available. Families with Developmental Disability consumers especially need training and information in order to improve the quality of life of their children and family.

Throughout the reports CFAC Substance Abuse consumers expressed their frustration with services in desperate terms, “SA just left out all across state and needs are not met,” “Services are still fragmented,” “Many counties have very few or no SA services,” “Great lack of services.” “Lack of, lack of” was a continuing refrain.

Finally, at least one CFAC identified one of the following as underserved:

- The consumer with autism
- The consumer with multi-handicaps
- The hearing-impaired Developmentally Disabled consumer

ORGANIZATIONAL UPDATE

(Although 25 of 29 CFACs responded to the Organizational Update some CFACs either gave more than one response per question or did not respond therefore the numbers appear to be more or less than the 25 responses polled.)

A. As required by statute, CFACs have been given the opportunity by LMEs to:

1. Review and sign off on local business plans each quarter	Y	21	N	4
2. Have information to identify service gaps and underserved populations	Y	15	N	11
3. Review and comment on area authority or county program budget	Y	11	N	14
4. Participate in improvement measures and service performance indicators	Y	13	N	13

Comments:

Comments from local CFACs stated that the State requirements coming down from the Division are often confusing and CFAC committee members are sometimes unsure if these requirements are met.

Raising these issues gives local CFACs the desire to explore how the local CFAC can be more involved in these issues.

A local CFAC reported that their LME has been very timely in presenting necessary information for them to review and sign off. They also stated that at least one CFAC member is on each of the LMEs committees and reports back on the CFAC on a monthly basis.

A local CFAC reported that they get the Local Business Plan (LBP) to give consensus as a group and this holds true of other information they have received. The LME appears to be working on this.

A local CFAC reported that signing off on Local Business Plan (LBP) has occurred in a more executive manner but needs more input from members. Service gap info has been addressed informally but need more formalized data. Need more involvement beyond reports to comment on area authority or county program budget. Would like to participate in improvement measures and service performance indicators input.

B. CFACs have been given the resources to:

- | | | |
|--|------|-----|
| 1. Create their own budget | Y 16 | N 9 |
| 2. Complete by-laws development | Y 24 | N 1 |
| 3. Develop a relational agreement with the LME | Y 21 | N 3 |

Comments:

Various CFACs reported that they had revised bylaws to conform to statute. Others stated that they had a relational agreement in the works and / or the existing relational agreement was in need of revision.

Some CFACs feel their LME has been very accepting of CFAC and receive support in order to carry out their role as CFAC and they have a good relationship with their Leadership Team and Board of Directors.

There seems to be a certain amount of lag time in completing tasks. CFACs feel that the LME has often been given too little time to get Division mandated responses requiring CFACs to review material without appropriate notice and using up a lot of CFACs valuable time.

CFACs have not received follow up information on requests that have been made of the LME.

CFACs have requested a copy of the Board of Directors bylaws without a response.

CFACs have requested confirmation of approved budget without response.

CFACs feel that Human Rights concerns should be addressed by the Quality Management team rather than by a single individual.

There are local CFACs that have no desire to have a separate budget. They feel that they have been able to attend trainings and not having a budget allows them greater flexibility. They feel the relationship is such that they can disagree and not be penalized.

One CFAC was actually holding a conference at the time this information was requested.

One local CFAC stated that they had hired a consultant to assist them in developing a Relational Agreement.

RESPONSE TO CFAC REQUESTS FOR ASSISTANCE

(In addition to the information provided here, SCFAC will contact each CFAC directly that made a request for assistance.)

- Demographic data by area and disability (Neuse Center)
 - Local LME Liaison can provide this information to CFAC.
 - Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.
 - Website with information by County: <http://quickfacts.census.gov/qfd/>
- List of Private and State Providers, Treatment Centers, Hospitals and Group Homes (Neuse Center)
 - Local LME Liaison can provide this information to CFAC.
- Provider report cards / profiles. (Neuse Center)
 - Quality Monitoring Data is available thru Local LME Liaison
- Financial Reports (OCBHS)
 - Local LME Liaison can provide this information to CFAC.
- Service Gaps / Underserved populations reports (OCBHS)
 - Local LME Liaison can provide this information to CFAC.
- How to build trust with Area Board (OCBHS)
 - Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.
- Fulfill role as legislated. (OCBHS)
 - Local LME Liaison can provide this information to CFAC.
 - Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to

provide technical assistance in this area.

- Understand LME's role ongoing. (Johnston County)
 - Local LME Liaison can provide this information to CFAC.
- Advocate with DHHS Division of MH/DD/SAS to help provide technical assistance to learn how to read and interpret data. (Johnston County)
 - Local LME Liaison can provide this information to CFAC.
- Training Opportunities? (Beacon / 4 County)
 - Local LME Liaison can provide this information to CFAC.
 - Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.
- What is SCFAC doing for other CFACs? (Pitt County)
 - SCFAC will respond to Pitt County.
- What is SCFAC working on and supporting? (Pitt County)
 - SCFAC will respond to Pitt County.
- Regular reports from SCFAC. (Beacon / 4 County)
 - SCFAC will respond to Beacon/4County
- Creating a budget (Roanoke Chowan)
 - Local LME Liaison can provide this information to CFAC.
 - Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.
- SCFAC presentation (Cumberland)
 - SCFAC will respond to Cumberland.
- Assistance with developing a realistic CFAC budget that includes an established stipend and travel reimbursement. (Beacon / 4 County)
 - Local LME Liaison can provide this information to CFAC.

-Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.

- Recruitment of CFAC representatives (Beacon / 4 County)

-Local LME Liaison can provide this information to CFAC.

-Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.

- Strategic planning to set goals and objectives to be effective. (Beacon / 4 County)

-Local LME Liaison can provide this information to CFAC.

-Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.

- Acronym dictionary. (Crossroads)

-Local LME Liaison can provide this information to CFAC.

-Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.

Acronyms are available on the Division website:

http://hrdmhp55.dhr.state.nc.us/dmh_intranet/acronyms.htm

- For SCFAC to serve as conduit to legislature (Crossroads)

SCFAC will respond to Crossroads.

The statute calls for the State CFAC to “receive the findings and recommendations of the local CFACs regarding ways to improve the delivery of mental health, developmental disabilities and substance abuse services”. Additionally, the SCFAC statute states that the State CFAC is to advise “the Department of Health and Human Services and the General Assembly on the planning and management of the State’s public mental health, developmental disabilities and substance abuse services system.” This affords the SCFAC the opportunity to advance the findings and recommendations of the local CFACs to the Legislature.

- Can you provide a response to this document? How will you use this information? Also, our CFAC has struggled with the use of the word consumer,

feeling like it sounds somewhat like a business transaction. . . has the SCFAC discussed this issue? (Southeastern Center).

SCFAC will respond to Southeastern Center.

- Statewide training and support (CenterPoint)

The Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to discuss support for a regional training. Also, currently there is proposed bill, House Bill 1314:

<http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=hb1314&submitButton=Go> To allocate \$100,000 for statewide training for CFACs. If this becomes a reality, discussion can begin regarding training needs and how these dollars can best support those needs.

- We need to continue to provide two way communications. We would like to have additional personal contact with state CFAC members. Also we need to have regional and state meeting of the CFACS to discuss any problems concerning Mental Health Services across the state and how best to receive improved services across the board. (Sandhills)

SCFAC will respond to Sandhills.

The Division of MH/DD/SA Services Consumer Empowerment Team (CET) with the support of the LME Liaisons would be happy to provide technical assistance to the CFAC members plan and organize a central regional CFAC meeting for the exchange of information and training.

- We need to further define the purpose of the CFACs. –setting goals and being able to complete a given task within a given time. If there are Training Programs for CFACs, we have not been introduced to them. (Durham).
The LME liaison and Division of MH/DD/SA Services Consumer Empowerment Team (CET) are available for technical assistance regarding committee training such as, basics of conducting committee meetings, establishing bylaws, developing strategic plans, etc. The Division of MH/DD/SA Services Consumer Empowerment Team (CET) would be happy to assist. The Division of MH/DD/SA Services Consumer Empowerment Team (CET) has provided this assistance to many other committees.
- We think per diem needs to be look at across the state. Families need help.(Western Highland)

This issue can be determined locally in the relational agreement. Financial assistance for local CFACs was not defined in the statute but funds for CFAC expenditures is provided to LMEs from the Division through their Administrative costs.

- Needs assistance with CFAC by training in all areas.(Catawba)

The statute requires that the LME provide necessary trainings for the CFACs to carry out their functions as a Committee. The Division of MH/DD/SA Services Consumer Empowerment Team (CET) offers a variety of training to CFACs and makes CFACs aware of training opportunities. Also, currently there is a bill (House Bill 1314) being proposed that would allocate money for statewide training for CFACs. If this becomes a reality, discussion can begin regarding training needs and how these dollars can best support those needs.

- Training in CFAC that the SCFAC might have available.(Crossroads)

SCFAC will respond to Crossroads.

- Training on CFAC and info reported to us by SCFAC (Pathways)

The statute requires that the LME provide necessary trainings for the CFACs to carry out their functions as a Committee. The Division of MH/DD/SA Services Consumer Empowerment Team (CET) offers a variety of training to CFACs and makes aware of training opportunities. Also, currently there is a bill (House Bill 1314) proposed that would allocate money for statewide training for CFACs. If this becomes a reality, discussion can begin regarding training needs and how these dollars can best support those needs.

SCFAC will respond to Pathways.

- Training is needed and we are in a merger.(Foothills)

The statute requires that the LME provide necessary trainings for the CFACs to carry out their functions as a Committee. The Division of MH/DD/SA Services Consumer Empowerment Team (CET) offers a variety of training to CFACs and makes aware of training opportunities. Also, currently there is a bill (House Bill 1314) proposed that would allocate money for statewide training for CFACs. If this becomes a reality, discussion can begin regarding training needs and how these dollars can best support those needs.

- We would like to see the SCFAC, Local CFAC, LME and Boards work together. Assist Local CFAC with doing their jobs by training. (Mecklenburg)

SCFAC will respond to Mecklenburg.

As for assistance with training the statute requires that the LME provide necessary trainings for the CFACs to carry out their functions as a Committee. The Division of MH/DD/SA Services Consumer Empowerment Team (CET) offers a va-

riety of training to CFACs and makes aware of training opportunities. Also, currently there is a bill (House Bill 1314) proposed that would allocate money for statewide training for CFACs. If this becomes a reality, discussion can begin regarding training needs and how these dollars can best support those needs.

- We would like to hear about successful strategies / practices used by other CFACs around the State regarding recruitment, how to participate in improvement measures and service performance indicators. We would also like a list of CFAC contacts around the State to help us network. (OPC)

-Local LME Liaison can provide this information to CFAC.

-Division of MH/DD/SA Services Consumer Empowerment Team (CET) is available to provide technical assistance in this area.

SCFAC will respond to OPC.

APPENDIX

Responses from:

Roanoke-Chowan
Edgecombe-Nash-Wilson-Greene
(Beacon Center / 4 County)
Johnston
Cumberland
Southeastern Regional
Eastpointe
Crossroads
Sandhills
Catawba
Pathways
Foothills
PBH (Piedmont Behavioral Health)
OPC (Orange-Person-Chatham)

Onslow-Cartaret
Neuse
Pitt
Tideland
Albermarle
Southeastern Center
Durham
Guilford
Alamance-Caswell-Rockingham
Mecklenburg
Western Highland
Center Point

No Response from:

Five County
Wake
Smokey Mountain
New River